

Registration number	RADIATION MACHINE REGISTRATION	<input type="checkbox"/> New Facility Registration <input type="checkbox"/> Change Registration Info <input type="checkbox"/> Cancel Facility Registration
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Requirement: Every person having physical possession or control of a radiation machine capable of producing radiation in the State of California shall complete a separate registration form for each installation within 30 days of acquisition of each radiation machine. A radiation machine is any device capable of producing X-rays when its associated control devices are operated. Each registrant shall report, within 30 days, any change in the registrant's name, mailing address, location of the installation, or the receipt or transfer of a radiation machine in accordance with Section 30108 in Title 17 of the California Code of Regulations.

A. Initial Registration or Current Registration			Total number of tubes	
Name of registrant		Nature of business or specialty	Taxpayer Identification Number	
Mailing address of registrant (number and street or P.O. Box)		City	State	ZIP code
Location of installation (number, street)	City	ZIP code	Telephone number (installation)	

B. Changes to Registration Information Provide previous information in Section A.			Total number of tubes	
New name of registrant		New nature of business or specialty	New Taxpayer ID Number	
New mailing address of registrant (number and street or P.O. Box)		New city	New state	New ZIP code
New location of installation (number, street)	New city	New ZIP code	New phone number (installation)	

By my signature below I declare the information submitted on this form with its attachments to be true and correct.

Name		Title	
Telephone number	Fax number	Email address	
Signature		Date	

Use the appropriate code number shown below when updating an attached machines inventory form.

Healing Arts Users	Use Code	Type
Radiography Only	01	XRA
Fluoroscopy Only	05	XHF
Radiography & Fluoroscopy Combination	33	XRF
Bone Densitometry	32	XBD
Chest Photofluorography	04	XCH
CT Scanner	02	XCT
CBVT Scanner	47	XCB
Mammography (film)	36	XMF
Mammography (digital)	37	XMD
Interventional Mammography	39	XMJ
Specimen Only Mammography	31	XMB
Oncology - Simulator (Fluoroscopy or CT)	34	XSM
Oncology - Linear Accelerator	08	XTL
Oncology - Ortho Voltage	07	XTM
Superficial Voltage (<150 kVp)	06	XTS
Oncology - Internal use X-ray tube	48	XTI
Medical Research (Specify use)	44	XMR
For Dental Users	Use Code	Type
Dental Radiographic	09	XDN
Dental CBVT Scanner	46	XDT
Dental (Hand-held)	49	XDH

For Industrial and Laboratory Users Only	Use Code	Type
Accelerator equal to or greater than 10 MeV	20	XAL
Accelerator less than 10 MeV	19	XAS
Diffraction/Fluorescence	15	XDF
Electron Microscope	14	XEM
Industrial Fluoroscopy	18	XNF
Contraband Detection Fluoroscopy	18	XNF
Portable Field Radiography	17	XRP
Shielded Room Radiography	16	XRS
Cabinet Radiography	16	XRS
Research and Development	52	XRD
For Veterinary Users Only	Use Code	Type
Veterinary Radiography	10	XVR
Veterinary Fluoroscopy	11	XVF
Veterinary Dental	50	XVD
Veterinary Oncology -Therapy	12	XVT
Veterinary CT Scanner	51	XVC

MACHINE INVENTORY

Use the appropriate code number shown on the registration form when updating this machine inventory.
This section may be copied for reporting additional inventory changes.

Name of registrant	Registration number
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Room number or storage location		Number of tubes	Type/use code
Manufacturer	Model name and number		
Control serial number	This machine has been: <input type="checkbox"/> Added <input type="checkbox"/> Deleted	Date of transfer, disposal, or acquisition (mm/dd/yyyy)	
Received from, transferred to, disposed at, or Medical Research use explanation		RAD HEALTH USE ONLY	
		Machine ID number	

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Mail completed form and inventory attachment to:

Registration Unit
Radiologic Health Branch, MS 7610
California Department of Public Health
P.O. Box 997414
Sacramento, CA 95899-7414

For more information, go to www.cdph.ca.gov/rhb or phone (916) 327-5106.